

## TRANSCRIPT ORDER

**FOR COURT USE ONLY**

**DUE DATE:**

Please Read Instructions:

1. NAME Melissa R. Smith		2. PHONE NUMBER (903) 934-8450		3. DATE 6/2/2025	
4. DELIVERY ADDRESS OR EMAIL 303 South Washington Avenue		5. CITY Marshall		6. STATE Texas	7. ZIP CODE 75670
8. CASE NUMBER 2:23-cv-00379-JRG-RSP		9. JUDGE Roy S. Payne		DATES OF PROCEEDINGS	
		10. FROM 5/30/2025		11. TO 5/30/2025	
12. CASE NAME Headwater Research LLC v. T-Mobile US, Inc. et al		LOCATION OF PROCEEDINGS			
		13. CITY Marshall		14. STATE TX	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/>	VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/>	OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/>	OPENING STATEMENT (Defendant)			
<input type="checkbox"/>	CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/>	CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/>	OPINION OF COURT			
<input type="checkbox"/>	JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/>	SENTENCING		Pretrial Conference	5/30/2025
<input type="checkbox"/>	BAIL HEARING			

## 17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE  
/s/ Melissa R. Smith

PROCESSED BY

19. DATE  
6/2/2025

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

**DISTRIBUTION:** COURT COPY      TRANSCRIPTION COPY      ORDER RECEIPT      ORDER COPY